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09/22/2005

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Mark D. Passler

(Depositor's Name)

(Signature)

10-6-05

(Date)

01 FC:1501 1400.00 DA

02 FC:1504 300.00 DA

03 FC:8001 APPLICATION FEE 15.00 DA

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/764,729	01/17/2001	John David Bacchiaz	9300-1	6624

TITLE OF INVENTION: BIOMETRIC KEY

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	12/22/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
DANG, HUNG Q	2635	340-005520

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

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2. For printing on the patent front page, list

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1. Akerman Senterfitt

2. _____

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed in accordance with 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Mu Hua Investment Limited

(B) RESIDENCE (CITY and STATE OR COUNTRY)

Hong Kong

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

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Date 10-6-05

Typed or printed name

Mark D. Passler

Registration No. 40,764

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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/784,729	
	Filing Date	01/17/2001	
	First Named Inventor	BACCIAZ	
	Art Unit	2635	
	Examiner Name	DANG, HUNG Q	
Total Number of Pages in This Submission	2	Attorney Docket Number	9300-1

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below). PTOL-85B
Remarks Please charge \$1,015.00, plus any deficiencies, to Deposit Account No. 50-0951		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	Mark D. Passler, Registration No. 40,764 Akerman Senterfitt	
Signature		
Date	10-6-05	

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